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Bib Data Sheet

CONFIRMATION NO. 8500

SERIAL NUMBER 10/760,030	FILING DATE 01/16/2004 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 8266-1153
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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/778,607 02/07/2001 PAT 6,678,908
 which claims benefit of 60/180,519 02/07/2000

O.K. R.S.

** FOREIGN APPLICATIONS *****

none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/22/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>Richard Borders</i> Initials <i>R.B.S.</i>	STATE OR COUNTRY OH	SHEETS DRAWING 9	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 6
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TITLE

Bariatric surface for an operating room table

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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